

Utility Responsibility Form

This form **MUST** be completed by the person whose name appears on the metered utility service.

_____, is responsible for the regular monthly payment of the
(Consumer Name as it appears on the Application)

Payment of the utility bill for Account #: _____ for service provided to the residence

located at _____, _____, _____
Address of Residence City State Zip

even though the account is in my name, _____.
Name as it appears on the bill (Account holder's name)

Please list the reason why the bill is not in the name of the applicant.

Account Holder Signature Date Phone #

Street Address of Account Holder City State Zip